

REQUEST FOR SAFE HAVEN ENTITLEMENTS

Please fill out Dependent Evacuation Information Verification Sheet and return to Task Force Care – Hurricane Katrina for further processing. Contact this office for confirmation of receipt at (337)531-7718/1458/0463/8105.

CELL: (337)353-8534

FAX: (337)531-2777

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CIVILIAN DEPENDENT EVACUATION INFORMATION VERIFICATION SHEET

<u>DEPENDENT INFORMATION</u>			
NAME: _____	COMMAND	NON-COMMAND	
SPOUSE SSN: _____	E-MAIL: _____		
SPONSOR GRADE / NAME (SSN): _____ / _____			
SAFEHAVEN ADDRESS: _____ _____			
IS THIS ADDRESS W/ FAMILY OR FRIENDS:	YES	NO	
COUNTY OF ADDRESS:	_____		
PHONE AT ADDRESS:	_____		
NAME, AGE, & SPONSORSHIP STATUS OF DEPENDENTS:			
1. _____	_____	COMMAND	NON-COMMAND
2. _____	_____	COMMAND	NON-COMMAND
3. _____	_____	COMMAND	NON-COMMAND
4. _____	_____	COMMAND	NON-COMMAND
5. _____	_____	COMMAND	NON-COMMAND
6. _____	_____	COMMAND	NON-COMMAND
7. _____	_____	COMMAND	NON-COMMAND
8. _____	_____	COMMAND	NON-COMMAND
9. _____	_____	COMMAND	NON-COMMAND
10. _____	_____	COMMAND	NON-COMMAND

<u>BANK INFORMATION</u>	
BANK ROUTING NUMBER:	_____
BANK ACCOUNT NUMBER:	_____
TYPE OF ACCOUNT:	<input checked="" type="checkbox"/> CHECKING <input checked="" type="checkbox"/> SAVINGS

<u>TRAVEL ADVANCE INFORMATION</u>		
DID YOU RECEIVE A TRAVEL ADVANCE:	YES	NO
IF YES, HOW MUCH:	_____	
IF NO, WOULD YOU LIKE ONE:	YES	NO
<p style="font-size: small;">YOU WILL HAVE TO MAKE A DECISION AS TO WHETHER TO CLAIM "COMMERCIAL" OR "NON-COMMERCIAL" RATE. YOU <u>MUST</u> NOTIFY US WITHIN THE FIRST 15 DAYS AS TO YOUR DECISION. WE CAN BE REACHED AT 1 (800) 759-4118.</p>		
HAVE YOU RECEIVED YOUR ORDERS YET:	YES	NO